STATE OF FLORIDADEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTORIST SERVICES SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

AFFIDAVIT FOR CHANGE OF MOTOR (For A Motor Vehicle Manufactured Prior to 1955)

This is to certify th	at I.			, am the
J	,	(Owner of Vehicle)	, am the
lawful owner of a _				
	(Year)	(Mai	ke)	(Body Type)
Engine/Motor Nu	mber			
Florida Title Num	ber		··	
The above listed e	ngine/motor has	been removed	from this mo	tor vehicle and
another engine/mo	otor has been ins	stalled. The inst	talled e <mark>ngin</mark> e	/motor
number,			_, was remov	ved from:
shov	ving the assigne	ed FLA numbe	r).	(title will be issued
The certificate of ti for correction/issua				nerewith surrendered ehicle.
Under penalties of P That The Facts State		hat I Have Read 1	The Foregoing	Document and
Printed Name of Ow	ner	(Signature o	of Owner)	(Date Signed)
Owner's DOB	FL Driver License/FI	EID/Suffix #	Owner's	s Email Address
Owner's Address				
City			State	Zip

Check your local phone book government pages or visit the following website for current mailing addresses: http://www.flhsmv.gov/offices/ HSMV 82103 (Rev. 10/11)